

PATIENT

Gracie Hearron

PRESENTING CLINICAL SIGNS

Gracie Hearron Canine Terrier Mix Spayed Female 13.8 13.8 lb Medication Strength Dosing Instructions Last given Humulin N 6 units BID Apoquel 3.6 mg 1 T PO SID PRN Cytopoint 30 mg SQ q4w PRN 10/8/21 Procedure: Abdominal Ultrasound Current Problem List: Diabetes Mellitus Recurrent Otitis Allergic dermatitis 3/6 systolic heart murmur Elevated liver values Presenting Complaint: Patient presenting for abdominal ultrasound. Gracie is diabetic and has been a challenge to regulate. Senior labwork was performed on 10/8/21 (Chem, CBC, T4) and elevated ALT, ALP, GGT and CHOL were noted and a BG of 534. Owner reports that px has had a few episodes of anxiety and shivering as well. Pertinent Diagnostic Results: Senior Basic Panel 10/8/21 Senior Basic CHEM - BG 534 - ALT 213 - ALP 1326 - GGT 11 - CHOL 768 T4 1.2 CBC - unremarkable Px is DM, but appears unregulated with BG in the 500's, elevated L/E DDx: Cushin'g dz, 1' liver, pancreatitis, other. Concern for using NSAID with elevated L/E until we determine at minimum if liver fx WNL (BAT) and consider further evalaution (AUS, LDDST) - RK

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

13.8 Years

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened diffusely at 0.25 cm, and the mucosa is slightly irregular. The trigone, ureteral papillae and ureters appear normal with no evidence of mass effect or calculi. These findings are most consistent with diffuse cystitis or lack of urine distention.

WEIGHT

13.8 Pounds

The left kidney has a normal shape and size (4.23 cm) with two cortical cysts measuring 0.42 cm and 0.70 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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The right kidney has a normal shape and size (5.1 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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The right adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Rachel Kuester

Spleen

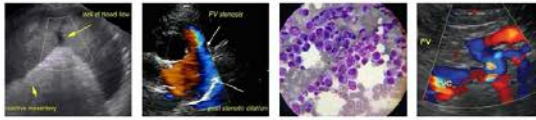
The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small, ill-defined hypoechoic nodule observed measuring 1.44 c x 0.74 cm.

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PATIENT

Gracie Hearron **Liver**

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

13.8 Years

WEIGHT

13.8 Pounds

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are rare ill-defined hyper- and hypoechoic nodules visualized measuring from 0.75-1.05 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.59 cm. Jejunum wall measured 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

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- Large, heterogeneous liver with ill-defined hyper- and hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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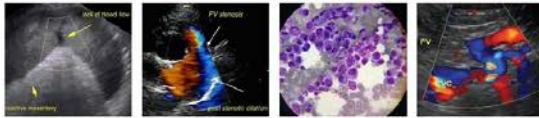
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- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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- Mildly mottled spleen with small hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary



PATIENT

Gracie Hearron

hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

SPECIES

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- Large gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Mild diffuse mucosal irregularity of the urinary bladder – could be consistent with cystitis. Recommend urinalysis and culture.

BREED

Terrier X

SECONDARY FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13.8 Years

Many of the changes observed on today's scan are commonly seen in older diabetic patients. The pancreas is slightly mottled and the liver is heterogeneous. Recommend a GI panel with PLI, TLI, cobalamin and folate to further evaluate the pancreas for active inflammation and for concurrent GI disease. The liver findings are most likely associated with vacuolar hepatopathy and hepatic lipodosis secondary to diabetes. Consider a liver function test and a fine needle aspirate to confirm.

WEIGHT

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Additionally, there is a large amount of gallbladder debris and early thickening of the gallbladder wall. Recommend close monitoring of this for progression and consider starting Ursodiol.

The urinary bladder wall was very mildly irregular. As urinary tract infections are a common cause for unregulation of diabetes, recommend urinalysis and culture.

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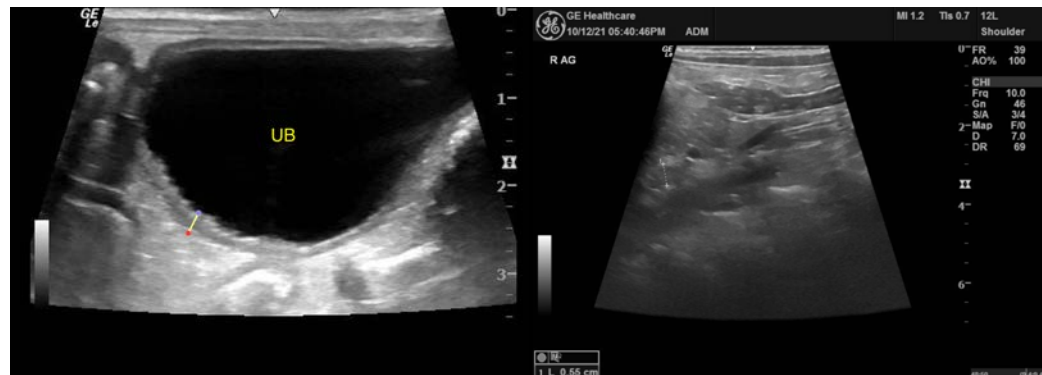
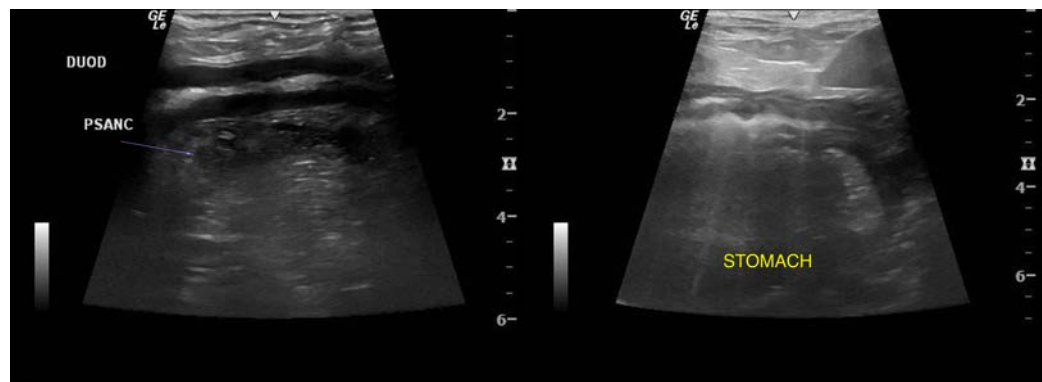
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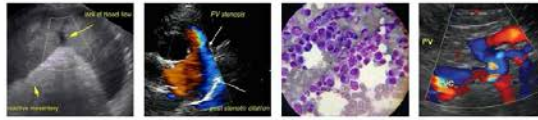
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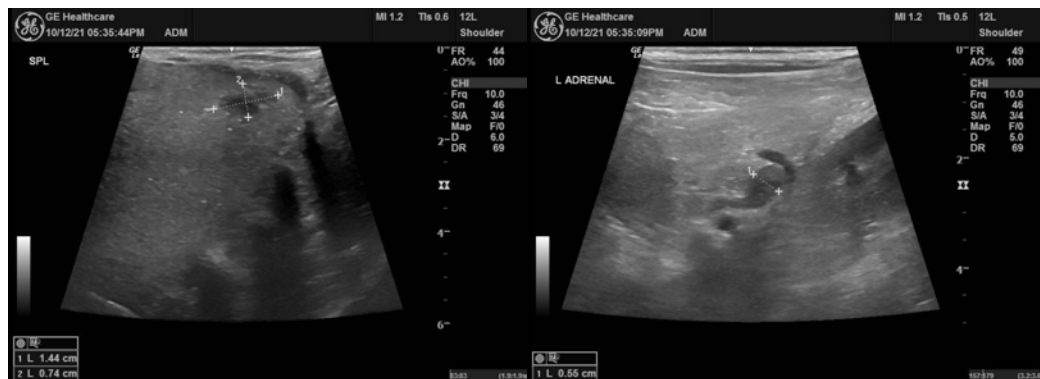
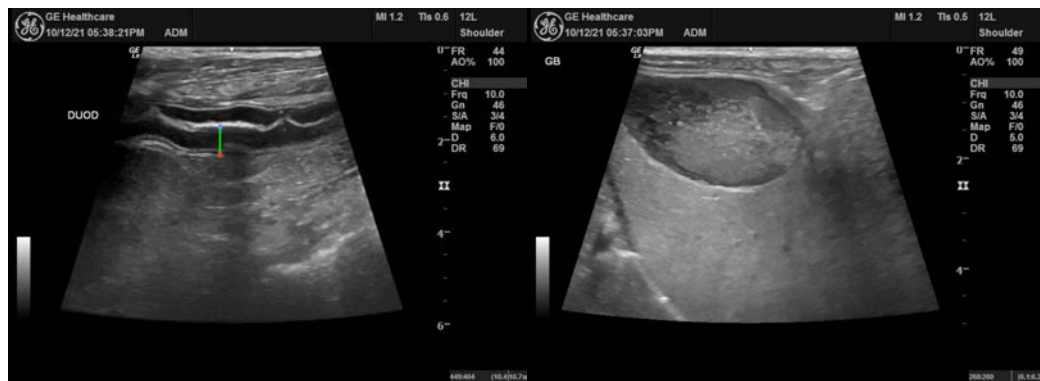
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

BREED

Terrier X

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SEX

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